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Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 08/19/2004 7590 27410 J. MICHAEL NEARY Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. **542 SW 298TH STREET** FEDERAL WAY, WA 98023 11/10/2004 DEMMANU2 00000166 10657460 Michael Neary (Depositor's name) 01 FC:1501 1370.00 OP (Signature) 02 FC:1504 300.00 OP (Date) ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR APPLICATION NO. FILING DATE 9793 Dean E. Draxton APUS3 09/08/2003 10/657,460 TITLE OF INVENTION: ACOUSTIC PYROMETER TOTAL FEE(S) DUE DATE DUE **PUBLICATION FEE ISSUE FEE** APPLN. TYPE SMALL ENTITY \$1630 11/19/2004 \$1330 \$300 NO nonprovisional **CLASS-SUBCLASS EXAMINER ART UNIT** 2859 GUADALUPE, YARITZA 374-115000 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list J. Michael Neary CFR 1.363). (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence or agents OR, alternatively, Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Combustion Specialists, Inc. Maple Valley, WA (US) government individual Corporation or other private group entity Please check the appropriate assignee category or categories (will not be printed on the patent); 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. (2checks) Issue Fee ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to ☐ Advance Order - # of Copies ___ Deposit Account Number ___ __ (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) □ b. 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